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Express Mail Label No. EL985153300US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/608,809

Confirmation No.: 7558

Applicant: Dobbs et al.

Filed: June 27, 2003

Art Unit: 1724

Examiner: Robert H. Spitzer

Docket No.: 210-609INT

Customer No.: 20874

Title: A Plate-Type Heat Exchanger

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

In response to the OFFICE ACTION mailed from the United States Patent and Trademark Office on December 8, 2004, please enter in the above-captioned patent application the Amendments presented herein, and please consider the Remarks that follow. Applicants believe that fees for three (3) additional independent claims and three (3) extra claims are due on account of the submission of this paper. However, if Applicants are incorrect and fees in a different amount are due, the Director is hereby authorized to charge any additional fees, or to make any refund of an overpayment, to Deposit Account No. 50-0289.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 10 of this paper.

Amendments to the Drawings begin on page 15 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 16 of this paper.

An Appendix including amended drawing figures is attached following page 26 of this paper.

02/25/2005 HDEMSS1 00000007 10608809

01 FC:1201  
02 FC:1202

600.00 OP  
150.00 OP



Approved for use through 07/31/2006. OMB 0651-0032  
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Effective on 12/01/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

### Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/608,809
TOTAL AMOUNT OF PAYMENT \$750.00	Filing Date	June 27, 2003
Express Mail Label EL985153300US	First Named Inventor	DOBBS, Gregory M.
METHOD OF PAYMENT (check all that apply)	Examiner Name	SPITZER, Robert H.
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Art Unit	1724
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Mariama & Bilinski LLP	Attorney Docket No.	210_609IN.T

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Mariama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
23	- 20 or HP = 3	x 50.00	= 150.00	Fee (\$)

HP = highest paid number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 3 or HP = 3	x 200.0	= 600.00

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

#### 4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other:	

#### SUBMITTED BY

Signature	Registration No. 42,897 (Attorney/Agent)	Telephone 313-425-9000
Name (Print/Type)	Date February 22, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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